## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

600 GALLERIA PARKWAY, S.E. ATLANTA, GA 30339-5994

Authorized Signature

Typed or printed name \_ Jon E. Holland

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

11/03/2009

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees notifications. Note: A certificate of mailing can only be used for domestic mailings of the Foe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

> Certificate of Mailing or Transmission I hereby certify that this Fe(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-285, on the date indicated below.

> > Date December 23, 2009

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Registration No. 41,077

(Depositor's name) (Sign (Date)

| APPLICATION NO.   | FILING DATE  |   | FIRST NAMED INVENTOR   |                         | ITORNEY DOCKET NO.          | CONFIRMATION NO.              |
|---|--|---|--|-------------------------|-----------------------------|-------------------------------|
| 10/691,275  | 10/22/2003   | 10/22/2003  |  |                         | 731301.1010                 | 4935                          |
| TITLE OF INVENTION: INTERIOR DESIGN SYSTEM AND METHOD   |  |   |  |                         |                             |                               |
|   |  |   |  |                         |                             |                               |
|   |  |   |  |                         |                             |                               |
| APPLN, TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE FI     | EE TOTAL FEE(S) DUE         | DATE DUE                      |
| nonprovisional  | YES  | \$755   | \$300  | \$0                     | \$1055                      | 02/03/2010                    |
| EXAMINER  |  | ART UNIT  | CLASS-SUBCLASS   | ]                       |                             |                               |
| SAADAT, CAMERON   |  | 3715  | 434-072000   |                         |                             |                               |
| I. Change of correspond   | ence address or indication                             | n of "Fee Address" (37                                  | 2. For printing on the patent front page, list  Lanier Ford Shaver & Payne P.C.  |                         |                             |                               |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence  |  |   | or agents OP alternatively   |                         |                             |                               |
| Address form PTO/S  | B/122) attached.                                       |   | (2) the name of a single firm (having as a member a 2 Jon E. Holland   |                         |                             |                               |
| PTO/SR/47: Rev 03-4   | lication (or "Fee Address<br>02 or more recent) attacl | " Indication form<br>and. Use of a Customer             | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                         |                             |                               |
| Number Is required.   |  |   |  |                         |                             |                               |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DAT                                       | A TO BE PRINTED ON                                      | THE PATENT (print or type  | ne)                     |                             |                               |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |   |  |                         |                             |                               |
| (A) NAME OF ASSI  |  |   | (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |                         |                             |                               |
| Minutes Matter Solutions, Inc. Hendersonville, TN   |  |   |  |                         |                             |                               |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government   |  |   |  |                         |                             |                               |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  |  |   |  |                         |                             |                               |
| ☑ Issue Fee   |  |   | A check is enclosed.   |                         |                             |                               |
| Publication Fee (No small entity discount permitted)  |  |   | Payment by credit card. Form PTO-2038 is attached.   |                         |                             |                               |
| Advance Order -   | # of Copies  |   | ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500686 (enclose an extra copy of this form).             |                         |                             |                               |
| 5. Change In Entity Sta   |  |   |  |                         |                             |                               |
|   |  |   |  |                         |                             |                               |
| NOTE: The Issue Fee an<br>interest as shown by the  | d Publication Fee (if req<br>records of the United St  | uired) will not be accepte<br>ites Patent and Trademark | d from anyone other than to<br>Office.   | ne applicant; a registe | red autorney or agent; or t | ic assignee or other party in |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and authoriting the completed application from to the USPTO. Time will very expensive and submitting the completed application from the the USPTO. Time will very expensive and the USPTO. The VERY expe

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.